

Date: \_\_\_\_\_

**City of Hawley  
305 6th St, PO Box 69  
Hawley, Minnesota 56549-0069  
(218)483-3331**

Title of Job Applied For: \_\_\_\_\_  
(Type or Print in Black Ink)

\_\_\_\_\_  
Last Name                      First Name                      MI                      Home Phone                      Cell Phone

\_\_\_\_\_  
Street Address                      Apt No.                      City                      State                      Zip

*If you should move after applying for this position, please notify the City in writing immediately of your change of address and phone number.*

- Are you 16 years of age or older?                      \_\_\_ Yes    \_\_\_ No
- Are you legally eligible for employment in the U.S.?                      \_\_\_ Yes    \_\_\_ No
- Do you have a valid Minnesota driver's license?                      \_\_\_ Yes    \_\_\_ No
- Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position.)                      \_\_\_ Yes    \_\_\_ No

If Yes, explain: \_\_\_\_\_

➤ How did you hear about the position? \_\_\_\_\_

➤ Has any of your education or experience been under another name?    \_\_\_ Yes    \_\_\_ No

If Yes, list other name(s): \_\_\_\_\_

**OTHER APPLICANT INFORMATION**

**AN EQUAL OPPORTUNITY EMPLOYER**, the City of Hawley will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

**DATA PRIVACY:** The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If required, you will be notified and a release will be obtained.

**EMPLOYMENT RECORD**

List your work history for the last eight years. Start with your PRESENT or MOST RECENT position. (Additional experience may be listed beyond eight years. If included, do not list dates. Give length of employment only.)

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Is this volunteer work? \_\_\_ Yes \_\_\_ No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

*If you are currently working, may we contact your PRESENT employer about your work? \_\_\_ Yes \_\_\_ No*

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Is this volunteer work? \_\_\_ Yes \_\_\_ No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Is this volunteer work? \_\_\_ Yes \_\_\_ No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Is this volunteer work? \_\_\_ Yes \_\_\_ No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

*If you need more space, attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer and personal experiences which are relevant to this position. If a Supplemental Employment Application is included for the position, it must be completed for you to be considered.*

## EDUCATION

Circle the last grade of school completed:    5 6 7 8 9 10 11 12 GED

Did you graduate?     Yes     No

Last High School Attended: \_\_\_\_\_  
*Name* *City* *State*

Name and Location of College, University Technical, Professional, Business, Correspondence, Trade, or Other School	Total No. of Credits Earned	Cert. or Degree? Yes/No	Major/Minor Subject
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### MEMBERSHIP IN CIVIC AND PROFESSIONAL ORGANIZATIONS

*Please describe:*

### YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, and Home Phone Number.

This means it is available only to you, the City of Hawley officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Hawley. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

### **EMPLOYEE CERTIFICATION**

Please be sure to sign this application, and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Hawley and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment decisions.
4. I hereby authorize all current and previous employers and schools to release to the City of Hawley data classified as private. The data which I authorize to be released consists of private data, as defined by M.S. 1302, Subd. 12, and has been or will be collected by the City of Hawley and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Hawley to have access to this information is to determine my suitability for employment for the \_\_\_\_\_ position. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Hawley. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CITY OF HAWLEY  
 319 6<sup>TH</sup> STREET, PO BOX 69  
 HAWLEY MN 56549  
 (218) 483-3331

APPLICANT NAME

**VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY A LETTER OF VERIFICATION FROM USDVA. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214, USDVA LETTER, AND/OR DEATH CERTIFICATE IF APPROPRIATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

**ARE YOU APPLYING FOR VETERAN'S BONUS POINTS:**  Yes  No

If you answered "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

**VETERAN'S PREFERENCE POINTS APPLICATION**

Self  Spouse If Spouse, veteran's name:

Branch of Service:	Period of Active Duty From:	To:
<b>Rank at Discharge:</b>	<b>Type of Discharge:</b>	<b>Date of Final Discharge:</b>
		<b>Service Number:</b>

Are you receiving or eligible for a military Pension?  Yes  No Do you have a compensable service-related disability:  Yes  No

**Preference Requested:**  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Widow of Deceased Veteran  Widow of a Deceased Veteran Who Was Disabled at Time of Death

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office **no later than 7 calendar days** after the application deadline for the position in order to guarantee points are awarded in a timely manner.

**FOR OFFICE USE ONLY**

10 Points \_\_\_\_\_

15 Points \_\_\_\_\_

Supporting documentation:  is attached  will be submitted within 7 days of application deadline.

**CITY OF HAWLEY**  
**SUPPLEMENTAL EMPLOYMENT APPLICATION**

POSITION: LIQUOR STORE CLERK

2019

TO ALL JOB APPLICANTS: Completion of this addendum is required as part of the City's employment process in order to more accurately evaluate your qualifications for the position of Liquor Store Clerk.

1. Are you 21 years of age or older?    \_\_\_ Yes    \_\_\_ No
  
2. Describe your computer experience. Be specific: How many years? Describe hardware. Describe all software programs with which you are proficient.  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Describe your experience using a cash register or till. Be specific: How many years? Describe type of till. Describe all programs with which you are proficient.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Describe your experience with liquor sales. Be specific: How many years? Type of businesses. What experience with carding, etc.?  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Describe your experience in retail business. Be specific: How many years? What were your specific duties? Have you worked with inventory?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Describe your physical ability to repetitively lift from floor to waist and to shoulder height while stocking, filling, cleaning, and carrying out product up to 40 lbs? Be specific.  
\_\_\_\_\_  
\_\_\_\_\_
  
7. What is your availability for shifts?  
(Friday, Saturday, Sunday): \_\_\_\_\_  
(Mon, Tues, Wed, Thur): \_\_\_\_\_

\_\_\_\_\_  
Signature

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